

**Proposed Rule**  
LSA Document #19-257

DIGEST

Amends [760 IAC 3-7.1-1](#) concerning Standard Medicare supplement benefit plans for 2010 Standardized Medicare supplement benefit plan policies or certificates issued for delivery with an effective date for coverage on or after June 1, 2010. Adds [760 IAC 3-7.2](#) concerning Standard Medicare supplement benefit plans for 2020 Medicare supplement benefit plan policies or certificates issued for delivery to individuals newly eligible for Medicare on or after January 1, 2020. Amends [760 IAC 3-14-1](#) concerning required disclosure provisions. Effective 30 days after filing with the Publisher.

[IC 4-22-2.1-5 Statement Concerning Rules Affecting Small Businesses](#)

[760 IAC 3-7.1-1](#); [760 IAC 3-7.2](#); [760 IAC 3-14-1](#)

SECTION 1. [760 IAC 3-7.1-1](#) IS AMENDED TO READ AS FOLLOWS:

**[760 IAC 3-7.1-1](#) Standard Medicare supplement benefit plans for 2010 Standardized Medicare supplement benefit plan policies or certificates issued for delivery with an effective date for coverage on or after June 1, 2010**

**Authority:** [IC 27-8-13](#)

**Affected:** [IC 27-8-13-1](#)

Sec. 1. (a) An issuer shall make available to each prospective policyholder and certificate holder a policy form or certificate form containing only the basic core benefits as defined in [760 IAC 3-6-1\(c\)](#).

(b) If an issuer makes available any of the additional benefits described in [760 IAC 3-6.1-1\(d\)](#) or offers standardized benefit Plans K or L, then the issuer shall make available to each prospective policyholder and certificate holder, in addition to a policy form or certificate form with only the basic core benefits as described in [760 IAC 3-6.1-1\(c\)](#), a policy form or certificate form containing either standardized benefit Plan C or standardized benefit Plan F.

(c) No groups, packages, or combinations of Medicare supplement benefits other than those listed in this section shall be offered for sale in this state, except as may be permitted in [760 IAC 3-8](#).

(d) Benefit plans shall be uniform in structure, language, designation, and format to the standard benefit plans listed in this section and conform to the definitions in [760 IAC 3-2](#) and [760 IAC 3-3](#). Each benefit shall:

- (1) be structured in accordance with the format provided in [760 IAC 3-6-1\(c\)](#) through [760 IAC 3-6-1\(d\)](#); and
- (2) list the benefits in the order shown in subsection (f).

As used in this section, "structure, language, and format" means style, arrangement, and overall content of a benefit.

(e) An issuer may use, in addition to the benefit plan designations required in subsection (d), other designations to the extent permitted by law.

(f) The makeup of 2010 standardized benefit plans shall be as follows:

- (1) Standardized Medicare supplement benefit Plan A shall be limited to the basic (core) benefits common to all benefit plans as defined in [760 IAC 3-6-1\(c\)](#).
- (2) Standardized Medicare supplement benefit Plan B shall include only the core benefit as defined in [760 IAC 3-6-1\(c\)](#), plus the Medicare Part A deductible as defined in [760 IAC 3-6-1\(d\)\(1\)](#).
- (3) Standardized Medicare supplement benefit Plan C shall include only the core benefit as defined in [760 IAC 3-6-1\(c\)](#), plus:
  - (A) the Medicare Part A deductible;
  - (B) skilled nursing facility care;
  - (C) the Medicare Part B deductible; and

- (D) medically necessary emergency care in a foreign country;  
as defined in [760 IAC 3-6-1\(d\)\(1\)](#) through [760 IAC 3-6-1\(d\)\(3\)](#) and [760 IAC 3-6-1\(d\)\(8\)](#), respectively.
- (4) Standardized Medicare supplement benefit Plan D shall include only the core benefit as defined in [760 IAC 3-6-1\(c\)](#), plus:
- (A) the Medicare Part A deductible;
  - (B) skilled nursing facility care; and
  - (C) medically necessary emergency care in a foreign country.
- (5) Standardized Medicare supplement benefit Plan F shall include only the core benefit as defined in [760 IAC 3-6-1\(c\)](#), plus:
- (A) the Medicare Part A deductible;
  - (B) skilled nursing facility care;
  - (C) the Medicare Part B deductible;
  - (D) one hundred percent (100%) of the Medicare Part B excess charges; and
  - (E) medically necessary emergency care in a foreign country;
- as defined in [760 IAC 3-6-1\(d\)\(1\)](#) through [760 IAC 3-6-1\(d\)\(3\)](#), [760 IAC 3-6-1\(d\)\(5\)](#), and [760 IAC 3-6-1\(d\)\(8\)](#), respectively.
- (6) Standardized Medicare supplement benefit high deductible Plan F shall include one hundred percent (100%) of covered expenses following the payment of the annual high deductible Plan F deductible. The covered expenses include the core benefit as defined in [760 IAC 3-6-1\(c\)](#), plus:
- (A) the Medicare Part A deductible;
  - (B) skilled nursing facility care;
  - (C) the Medicare Part B deductible;
  - (D) one hundred percent (100%) of the Medicare Part B excess charges; and
  - (E) medically necessary emergency care in a foreign country;
- as defined in [760 IAC 3-6-1\(d\)\(1\)](#), [760 IAC 3-6-1\(d\)\(2\)](#), [760 IAC 3-6-1\(d\)\(8\)](#), and [760 IAC 3-6-1\(d\)\(9\)](#), respectively. The annual high deductible Plan F deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by the Medicare supplement Plan F policy and shall be in addition to any other specific benefit deductibles. The annual high deductible Plan F deductible shall be one thousand five hundred dollars (\$1,500) for 1999 and shall be based on the calendar year. It shall be adjusted annually thereafter by the Secretary to reflect the change in the Consumer Price Index for all urban consumers for the twelve (12) month period ending with August of the preceding year and rounded to the nearest multiple of ten dollars (\$10).
- (7) Standardized Medicare supplement benefit Plan G shall include only the core benefit as defined in [760 IAC 3-6-1\(c\)](#), plus:
- (A) the Medicare Part A deductible;
  - (B) skilled nursing facility care;
  - (C) one hundred percent (100%) of the Medicare Part B excess charges; and
  - (D) medically necessary emergency care in a foreign country.
- Effective January 1, 2020, the standardized benefit plans described in [760 IAC 3-7.2-1\(a\)\(3\)](#) may be offered to any individual who was eligible for Medicare prior to January 1, 2020.**
- (8) Standardized Medicare supplement Plan M shall include only the basic core benefit as defined in [760 IAC 3-6-1\(c\)](#), plus:
- (A) fifty percent (50%) of the Medicare Part A deductible;
  - (B) skilled nursing facility care; and
  - (C) medically necessary emergency care in a foreign country.
- (9) Standardized Medicare supplement Plan N shall include only the basic core benefit as defined in [760 IAC 3-6-1\(c\)](#), plus:
- (A) one hundred percent (100%) of the Medicare Part A deductible;
  - (B) skilled nursing facility care; and
  - (C) medically necessary emergency care in a foreign country.
- (10) Copayments shall be the following amounts:
- (A) The lesser of:
    - (i) twenty dollars (\$20); or
    - (ii) the Medicare Part B coinsurance or copayment for each covered ~~health~~ health care provider office visit, including visits to medical specialists. ~~and~~
  - (B) The lesser of:
    - (i) fifty dollars (\$50); or
    - (ii) the Medicare Part B coinsurance or copayment for each covered emergency room visit.
- The copayment set forth in clause (B) shall be waived if the insured is admitted to any hospital and the emergency visit is subsequently covered as a Medicare Part A expense.

(g) The makeup of the two (2) Medicare supplement plans mandated by the Medicare Prescription Drug Improvement and Modernization Act of 2003 are as follows:

- (1) Standardized Medicare supplement benefit Plan K shall consist of only those benefits described in [760 IAC 3-6-1\(e\)](#).
- (2) Standardized Medicare supplement benefit Plan L shall consist of only those benefits described in [760 IAC 3-6-1\(f\)](#).

(h) An issuer may, with the prior approval of the commissioner, offer policies or certificates with new or innovative benefits in addition to the benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits may include benefits that are as follows:

- (1) Appropriate to Medicare supplement insurance.
- (2) New or innovative.
- (3) Not otherwise available.
- (4) Cost effective.
- (5) Offered in a manner that is consistent with the goal of simplification of Medicare supplement policies. ~~After December 31, 2005, the innovative benefit shall not include an outpatient prescription drug benefit.~~
- (6) New or innovative benefits shall not be used to change or reduce benefits, including a change of any cost-sharing provision, in any standardized plan.

**After December 31, 2005, the innovative benefit shall not include an outpatient prescription drug benefit.**

(i) The standards set forth in this section are applicable to all Medicare supplement policies delivered or issued for delivery with an effective date for coverage on or after June 1, 2010. No policy or certificate may be advertised, solicited, delivered, or issued for delivery as a Medicare supplement policy unless it complies with this section. No issuer may offer any 1990 Standardized Medicare supplement benefit plan for sale on or after 2010. Benefit standards applicable to Medicare supplement policies issued with an effective date for coverage prior to June 1, 2010, remain subject to the requirements of [760 IAC 3-6-1](#).

*(Department of Insurance; [760 IAC 3-7.1-1](#); filed Jul 27, 2009, 10:36 a.m.: [20090826-IR-760090211FRA](#); readopted filed Nov 20, 2015, 9:25 a.m.: [20151216-IR-760150341RFA](#))*

SECTION 2. [760 IAC 3-7.2](#) IS ADDED TO READ AS FOLLOWS:

**Rule 7.2. Standard Medicare Supplement Benefit Plans for 2020 Standardized Medicare Supplement Benefit Plan Policies or Certificates Issued for Delivery to Individuals Newly Eligible for Medicare on or after January 1, 2020**

**[760 IAC 3-7.2-1](#) Standard Medicare supplement benefit plans for 2020 Medicare supplement benefit plan policies or certificates issued for delivery to individuals newly eligible for Medicare on or after January 1, 2020**

Authority: [IC 27-8-13](#)

Affected: [IC 27-8-13-1](#)

**Sec. 1. (a) The standards and requirements set forth in [760 IAC 3-7.1-1](#) apply to all Medicare supplement policies or certificates delivered or issued for delivery to individuals newly eligible for Medicare on or after January 1, 2020, with the following exceptions:**

- (1) Standardized Medicare supplement benefit Plan C is redesignated as Plan D and shall provide the benefits contained in [760 IAC 3-7.1-1\(f\)\(3\)](#), but shall not provide coverage for one hundred percent (100%) or any portion of the Medicare Part B deductible.**
- (2) Standardized Medicare supplement benefit Plan F is redesignated as Plan G and shall provide the benefits contained in [760 IAC 3-7.1-1\(f\)\(5\)](#), but shall not provide coverage for one hundred percent (100%) or any portion of the Medicare Part B deductible.**
- (3) Standardized Medicare supplement benefit Plan F with high deductible is redesignated as Plan G with high deductible and shall provide the benefits contained in [760 IAC 3-7.1-1\(f\)\(6\)](#), but shall not provide coverage for one hundred percent (100%) or any portion of the Medicare Part B deductible. The Medicare Part B deductible paid by the beneficiary shall be considered an out-of-pocket expense in meeting the annual high deductible.**
- (4) Standardized Medicare supplement benefit Plans C, F, and F with high deductible may not be offered to individuals newly eligible for Medicare on or after January 1, 2020.**

(5) Reference to Plans C or F contained in [760 IAC 3-7.1-1\(b\)](#) is deemed a reference to Plans D or G for purposes of this rule.

(b) This rule applies only to individuals who are newly eligible for Medicare on or after January 1, 2020, by reason of:

- (1) attaining sixty-five (65) years of age on or after January 1, 2020; or
- (2) entitlement to benefits under Part A to Section 226(b) or 226A of the Social Security Act, or who is deemed to be eligible for benefits under Section 226(a) of the Social Security Act on or after January 1, 2020.

(c) For purposes of [760 IAC 3-7.1-1\(c\)](#), [760 IAC 3-7.1-1\(d\)](#), and [760 IAC 3-7.1-1\(e\)](#), in the case of any individual newly eligible for Medicare on or after January 1, 2020, any reference to a Medicare supplement policy C or F (including F with high deductible) shall be deemed to be a reference to a Medicare supplement policy D or G (including G with high deductible), respectively, that meet the requirements of subsection (a).

(d) In the case of a state described in Section 1882(p)(6) of the Social Security Act, coverage of the Medicare Part B deductible for any Medicare supplement policy sold or issued to an individual who is newly eligible for Medicare on or after January 1, 2020, is prohibited.

(e) On or after January 1, 2020, the standardized benefit plans described in subsection (a)(4) may be offered to any individual who was eligible for Medicare prior to January 1, 2020, in addition to standardized plans described in [760 IAC 3-7.1-1\(f\)](#).

(f) The standards set forth in this section are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this state to individuals newly eligible for Medicare on or after January 1, 2020. No policy or certificate that provides coverage of the Medicare Part B deductible may be advertised, solicited, delivered, or issued for delivery in this state as a Medicare supplement policy or certificate to individuals newly eligible for Medicare on or after January 1, 2020. Benefit plan standards applicable to Medicare supplement policies and certificates issued to individuals eligible for Medicare before January 1, 2020, remain subject to the requirements of [760 IAC 3-6-1](#) and [760 IAC 3-6.1-1](#).

(Department of Insurance; [760 IAC 3-7.2-1](#))

SECTION 3. [760 IAC 3-14-1](#) IS AMENDED TO READ AS FOLLOWS:

#### [760 IAC 3-14-1](#) Required disclosure provisions

Authority: [IC 27-8-13](#)

Affected: [IC 27-8-13-1](#)

Sec. 1. (a) General provisions are as follows:

(1) Medicare supplement policies and certificates shall include a renewal or continuation provision. The language or specifications of the provision shall be consistent with the type of contract issued. The provision shall:

- (A) be appropriately captioned;
- (B) appear on the first page of the policy; and
- (C) include any:
  - (i) reservation by the issuer of the right to change premiums; and
  - (ii) automatic renewal premium increases based on the policyholder's age.

(2) Except for riders or endorsements by which the issuer:

- (A) effectuates a request made in writing by the insured;
- (B) exercises a specifically reserved right under a Medicare supplement policy; or
- (C) is required to reduce or eliminate benefits to avoid duplication of Medicare benefits;

all riders or endorsements added to a Medicare supplement policy after the date of issue or at reinstatement or renewal that reduce or eliminate benefits or coverage in the policy shall require a signed acceptance by the insured. After the date of policy or certificate issue, any rider or endorsement that increases benefits or coverage with a concomitant increase in premium during the policy term shall be agreed to in writing signed by the insured, unless the benefits are required by the minimum standards for Medicare supplement policies or if

the increased benefits or coverage is required by law. Where a separate additional premium is charged for benefits provided in connection with riders or endorsements, the premium charge shall be set forth in the policy.

(3) Medicare supplement policies or certificates shall not provide for the payment of benefits based on standards described as:

- (A) "usual and customary";
- (B) "reasonable and customary"; or
- (C) words of similar import.

(4) If a Medicare supplement policy or certificate contains any limitations with respect to preexisting conditions, the limitations shall:

- (A) appear as a separate paragraph of the policy; and
- (B) be labeled as "Preexisting Condition Limitations".

(5) Medicare supplement policies and certificates shall have a notice prominently printed on the first page of the policy or certificate or attached thereto stating in substance that the policyholder or certificate holder shall have the right to:

- (A) return the policy or certificate within thirty (30) days of its delivery; and
- (B) have the premium refunded;

if, after examination of the policy or certificate, the insured person is not satisfied for any reason.

(6) Issuers of accident and sickness policies or certificates that provide hospital or medical expense coverage on an expense incurred or indemnity basis to a person eligible for Medicare shall provide to those applicants a Guide to Health Insurance for People with Medicare (Guide) in:

- (A) the form developed jointly by the National Association of Insurance Commissioners and the Center for Medicare Services; and
- (B) a type size no smaller than 12-point type.

Delivery of the Guide shall be made whether or not the policies or certificates are advertised, solicited, or issued as Medicare supplement policies or certificates as defined in this article. Except in the case of direct response issuers, delivery of the Guide shall be made to the applicant at the time of application and acknowledgement of receipt of the Guide shall be obtained by the issuer. Direct response issuers shall deliver the Guide to the applicant upon request, but not later than at the time the policy is delivered.

As used in this section, "form" means the language, format, type size, type proportional spacing, bold character, and line spacing.

(b) Notice requirements are as follows:

(1) As soon as practicable, but not later than thirty (30) days before the annual effective date of any Medicare benefit changes, an issuer shall notify its policyholders and certificate holders of modifications it has made to Medicare supplement insurance policies or certificates in a format acceptable to the commissioner of the department of insurance. The notice shall do the following:

- (A) Include a description of the following:
  - (i) Revisions to the Medicare program.
  - (ii) Each modification made to the coverage provided under the Medicare supplement policy or certificate.
- (B) Inform each policyholder or certificate holder as to when any premium adjustment is to be made due to changes in Medicare.

(2) The notice of benefit modifications and any premium adjustments shall be in:

- (A) outline form; and
- (B) clear and simple terms;

so as to facilitate comprehension.

(3) The notices shall not:

- (A) contain; or
- (B) be accompanied by;

any solicitation.

(c) Issuers shall comply with any notice requirements of the Medicare Prescription Drug Improvement and Modernization Act of 2003.

(d) The outline of coverage requirements for Medicare supplement policies are as follows:

(1) Issuers shall:

- (A) provide an outline of coverage to all applicants at the time application is presented to the prospective applicant; and
- (B) except for direct response policies, obtain an acknowledgement of receipt of the outline from the applicant.

(2) If:

- (A) an outline of coverage is provided at the time of application; and
- (B) the Medicare supplement policy or certificate is issued on a basis that would require revision of the outline;

a substitute outline of coverage properly describing the policy or certificate shall accompany the policy or certificate when it is delivered and contain the following statement, in not smaller than 12-point type, immediately above the company name:

"NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application, and the coverage originally applied for has not been issued."

(3) The outline of coverage provided to applicants under this section consists of the following:

- (A) The cover page described in subsection (f).
- (B) Premium information on or immediately following the cover page.
- (C) Disclosure pages described in subsection (g).
- (D) Charts displaying the features of each benefit plan offered by the issuer described in subsection (h).

The outline of coverage shall be in the language and format prescribed in subsections (f) through (h) in not smaller than 12-point type. ~~Plans A through J, described in 760 IAC 3-7,~~ **All plans** shall be shown on the cover page, and the plans that are offered by the issuer shall be prominently identified. Premium information for plans that are offered shall be shown on the cover page or immediately following the cover page and shall be prominently displayed. The premium and mode shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated.

(e) The following are notices regarding policies or certificates that are not Medicare supplement policies:

(1) Any:

- (A) accident and sickness insurance policy or certificate, other than a Medicare supplement policy;
- (B) policy issued pursuant to a contract under Section 1876 of the federal Social Security Act (42 U.S.C. 1395 et seq.);
- (C) disability income policy; or
- (D) other policy identified in [760 IAC 3-1-1\(b\)](#);

issued for delivery in this state to persons eligible for Medicare shall notify insureds under the policy that the policy is not a Medicare supplement policy or certificate. The notice shall either be printed or attached to the first page of the outline of coverage delivered to insureds under the policy or, if no outline of coverage is delivered, to the first page of the policy or certificate delivered to insureds. The notice shall be in not smaller than 12-point type and shall contain the following language:

"THIS [POLICY OR CERTIFICATE] IS NOT A MEDICARE SUPPLEMENT [POLICY OR CONTRACT]. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company."

(2) Applications provided to persons eligible for Medicare for the health insurance policies or certificates described in subdivision (1) shall disclose, using the applicable statement in this subdivision, the extent to which the policy duplicates Medicare. The disclosure statement shall be provided as part of, or together with, the application for the policy or certificate. The following instructions and forms shall be used for the disclosure statement regarding duplication of Medicare:

## DISCLOSURE STATEMENTS

### Instructions for Use of the Disclosure Statements for

#### Health Insurance Policies Sold to Medicare Beneficiaries that Duplicate Medicare

1. Section 1882(d) of the federal Social Security Act, 42 U.S.C. 1395ss, prohibits the sale of a health insurance policy (the term "policy" or "policies" includes certificates) that duplicates Medicare benefits unless it will pay benefits without regard to other health coverage and it includes the prescribed disclosure statement on or together with the application.
2. All types of health insurance policies that duplicate Medicare shall include one (1) of the attached disclosure statements, according to the particular policy type involved, on the application or together with the application. The disclosure statement may not vary from the attached statements in terms of language or format (type size, type proportional spacing, bold character, line spacing, and usage of boxes around text).
3. State and federal law prohibits insurers from selling a Medicare supplement policy to a person that already has a Medicare supplement policy except as a replacement.
4. Property/casualty and life insurance policies are not considered health insurance.
5. Disability income policies are not considered to provide benefits that duplicate Medicare.
6. Long term care insurance policies that coordinate with Medicare and other health insurance are not considered to provide benefits that duplicate Medicare.
7. The federal law does not preempt state laws that are more stringent than the federal requirements.
8. The federal law does not preempt existing state form filing requirements.
9. Section 1882 of the federal Social Security Act was amended to allow for alternative disclosure statements.



Carriers may use either the original disclosure statements or the alternative disclosure statements and not use both simultaneously.

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[Original disclosure statement for policies that provide benefits for expenses incurred for an accidental injury only.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses that result from accidental injury. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- hospital or medical expenses up to the maximum stated in the policy

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- other approved items and services

**BEFORE YOU BUY THIS INSURANCE**

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

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[Original disclosure statement for policies that reimburse expenses incurred for specified disease(s) or other specified impairment(s). This includes expense incurred cancer, specified disease, and other types of health insurance policies that limit reimbursement to named medical conditions.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses only when you are treated for one (1) of the specific diseases or health conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- hospital or medical expenses up to the maximum stated in the policy

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- other approved items and services

**BEFORE YOU BUY THIS INSURANCE**

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

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[Original disclosure statement for policies that provide benefits for specified limited services.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any of the services covered by the policy are also covered by Medicare

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- other approved items and services

**BEFORE YOU BUY THIS INSURANCE**

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

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[Original disclosure statement for policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one (1) of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits because Medicare generally pays for most of the expenses for the diagnosis and treatment of the specific conditions or diagnoses named in the policy.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- other approved items and services

**BEFORE YOU BUY THIS INSURANCE**

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

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[Original disclosure statement for policies that provide benefits for both expenses incurred and fixed indemnity basis.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

This insurance pays limited reimbursement for expenses if you meet the conditions listed in the policy. It also pays a fixed amount, regardless of your expenses, if you meet other policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any expenses or services covered by the policy are also covered by Medicare; or
- it pays the fixed dollar amount stated in the policy and Medicare covers the same event

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice care
- other approved items and services

**BEFORE YOU BUY THIS INSURANCE**

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.



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[Original disclosure statement for indemnity policies and other policies that pay a fixed dollar amount per day, excluding long term care policies.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductible or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any expenses or services covered by the policy are also covered by Medicare

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice care
- other approved items and services

**BEFORE YOU BUY THIS INSURANCE**

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

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[Original disclosure statement for other health insurance policies not specifically identified in the previous statements.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- the benefits stated in the policy and coverage for the same event is provided by Medicare

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- other approved items and services

**BEFORE YOU BUY THIS INSURANCE**

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

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[Alternative disclosure statement for policies that provide benefits for expenses incurred for an accidental injury only.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses that result from accidental injury. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services

- other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

**BEFORE YOU BUY THIS INSURANCE**

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

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[Alternative disclosure statement for policies that provide benefits for specified limited services.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits under this policy.

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

**BEFORE YOU BUY THIS INSURANCE**

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

\*\*\*\*\*

[Alternative disclosure statement for policies that reimburse expenses incurred for specified diseases or other specified impairments. This includes expense incurred cancer, specified disease, and other types of health insurance policies that limit reimbursement to named medical conditions.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy. Medicare generally pays for most or all of these expenses.

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses only when you are treated for one (1) of the specific diseases or health conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

**BEFORE YOU BUY THIS INSURANCE**

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

\*\*\*\*\*

[Alternative disclosure statement for policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one (1) of

the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

**BEFORE YOU BUY THIS INSURANCE**

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

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[Alternative disclosure statement for indemnity policies and other policies that pay a fixed dollar amount per day, excluding long term care policies.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them.

These include:

- hospitalization
- physician services
- hospice
- other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

**BEFORE YOU BUY THIS INSURANCE**

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

\*\*\*\*\*

[Alternative disclosure statement for policies that provide benefits upon both an expense incurred and fixed indemnity basis.]

**IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays limited reimbursement for expenses if you meet the conditions listed in the policy. It also pays a fixed amount, regardless of your expenses, if you meet other policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them.

These include:

- hospitalization
- physician services
- hospice care
- other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

**BEFORE YOU BUY THIS INSURANCE**

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

\*\*\*\*\*

[Alternative disclosure statement for other health insurance policies not specifically identified in the preceding statements.]

#### IMPORTANT NOTICE TO PERSONS ON MEDICARE. THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

#### BEFORE YOU BUY THIS INSURANCE

- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

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(f) The cover page of the outline described in subsection (d) shall be in the format as follows: **set forth in the NAIC Model Laws, Regulations and Guidelines, Vol. IV, page 651-42, Model Regulation to Implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act (1<sup>st</sup> Quarter 2018), which is hereby incorporated by reference as if fully set out herein.**

(COMPANY NAME)

Outline of Medicare Supplement Coverage Cover Page:

Benefit Plan(s) \_\_\_\_\_ (insert letter(s) of plan(s) being offered)

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A". Some of the other plans may not be available from every company.

Plans E, H, I, and J are no longer available for sale.

Basic Benefits

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood: First three pints of blood each year.

Hospice: Part A coinsurance.

A	B	C	D	F/F*	G
Basic Benefits, including 100% Part B Coinsurance	Basic Benefits, including 100% Part B Coinsurance	Basic Benefits, including 100% Part B Coinsurance	Basic Benefits, including 100% Part B Coinsurance	Basic Benefits, including 100% Part B Coinsurance*	Basic Benefits, including 100% Part B Coinsurance
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible	
				Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

K	L	M	N
Hospitalization and preventative care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventative care paid at 100%; other basic benefits paid at 75%	Basic Benefits, including 100% Part B coinsurance	Basic Benefits, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
Out of pocket limit \$[4620]; paid at 100% after limit reached	Out of pocket limit \$[2310]; paid at 100% after limit reached	Foreign Travel Emergency	Foreign Travel Emergency

\*Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year [\$2,000] deductible. Benefits from high deductible plan F will not begin until out of pocket expenses exceed [\$2,000]. Out of pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B but do not include the plan's separate foreign travel emergency deductible.

Basic Benefits for Plans K and L include cost sharing for the basic benefits at different levels.

K**	L**
100% of Part A Hospitalization coinsurance plus coverage for 365 days after Medicare benefits end; 50% hospice cost sharing; 50% of Medicare eligible expenses for the first three pints of blood; 50% Part B coinsurance, except 100% coinsurance for Part B Preventive Services	100% of Part A Hospitalization coinsurance plus coverage for 365 days after Medicare benefits; 75% hospice cost sharing; 75% of Medicare eligible expenses for the first three pints of blood; 75% Part B coinsurance, except 100% coinsurance for Part B Preventive Services
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible
[\$4000] Out of Pocket Annual Limit***	[\$2000] Out of Pocket Annual Limit***

\*\*Plans K and L provide for different cost sharing for items and services than

Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out of pocket annual limit does NOT include charges from your provider that exceed Medicare approved amounts, called "Excess Charges". You will be responsible for paying excess charges.

\*\*\*The out of pocket annual limit will increase each year for inflation.

(g) The following items shall be included in the outline of coverage in the order prescribed:

**PREMIUM INFORMATION [Boldface Type]**

We [insert issuer's name] can only raise your premium if we raise the premium for all policies like yours in this state. [If the premium is based on the increasing age of the insured, include information specifying when the premiums will change.]

**DISCLOSURES [Boldface Type]**

Use this outline to compare benefits and premiums among policies.

**READ YOUR POLICY VERY CAREFULLY [Boldface Type]**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

**RIGHT TO RETURN POLICY [Boldface Type]**

If you find that you are not satisfied with your policy, you may return it to [insert issuer's address]. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

**POLICY REPLACEMENT [Boldface Type]**

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

**NOTICE [Boldface Type]**

The policy may not fully cover all of your medical costs.

[for agents:]

Neither [insert company's name] nor its agents are connected with Medicare.

[for direct response:]

[insert company's name] is not connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security

office or consult "The Medicare Handbook" for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT [Boldface Type]

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. [If the policy or certificate is guaranteed issue, this paragraph need not appear.]

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

(h) The NAIC Model Laws, Regulations and Guidelines, Vol. IV, pages ~~651-56~~ **651-43** through ~~651-97~~ **651-84**. Model Regulation to Implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act (~~October 2008~~) (**1<sup>st</sup> Quarter 2018**) are hereby incorporated by reference as if fully set out herein as the format for the charts described in subsection (d).

*(Department of Insurance; [760 IAC 3-14-1](#); filed Jul 8, 1993, 10:00 a.m.: 16 IR 2581; errata filed Sep 20, 1993, 5:00 p.m.: 17 IR 200; filed Jul 18, 1996, 1:00 p.m.: 19 IR 3431; errata filed Sep 24, 1996, 10:30 a.m.: 20 IR 332; filed Feb 1, 1999, 10:45 a.m.: 22 IR 1978; readopted filed Sep 14, 2001, 12:22 p.m.: 25 IR 531; filed Sep 14, 2005, 3:00 p.m.: 29 IR 535; filed Jul 27, 2009, 10:36 a.m.: [20090826-IR-760090211FRA](#); readopted filed Nov 20, 2015, 9:25 a.m.: [20151216-IR-760150341RFA](#))*

#### [Notice of Public Hearing](#)

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